

## NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

**FORM#8**STEVE TROXLER, COMMISSIONER  
APPLICATION FOR LICENSE/CERTIFICATE RENEWAL**2018**

<b>038</b>	Type: 038 PRIVATE PESTICIDE APPLICATOR <b>TO BE ADDED</b>	12/31/2018 Expiration Date
<b>Instructions:</b> The information that you provide will be used to prepare your certification card. • Since you have passed your pesticide exam, you are eligible to be certified. • <b>Please print and attach your examination score to this application.</b> • Provide your county and phone number(Required) • Provide the farm name and farm mailing address.(Required) • Sign on the line at the bottom of the page after reading the attestation statement.(Required) • Answer the questions below as thoroughly as possible • Application should be returned with a check or money order in the amount of \$10.00 made payable to NCDA&CS. <b>PLEASE DO NOT SEND CASH.</b>		<b>Mail To:</b> <b>NCDA&amp;CS - Structural Pest Control &amp; Pesticides Division</b> <b>Licensing Unit</b> <b>1090 Mail Service Center</b> <b>Raleigh, NC 27699-1090</b> <b>Phone: (919) 733-3556</b>
<b>Exam Serial Number(s)</b> (used to look up your score) :		
Applicator		Farm Name:
Mail Address		Physical Address:
City	State	Zip Code
		Home Phone:
		Farm Phone
<b>Social Security #</b>	- -	County:

For the Farm listed above do you serve as the: (please mark in the appropriate box)			
Owner	<input type="checkbox"/>	Employee	<input type="checkbox"/>
Other (manager, family member, etc.)	<input type="checkbox"/>		
Crops Grown: List crops grown(to which you apply pesticides) and the approximate acreage of the top three crops(in NC)			
Crop 1:		Crop 2:	
Acreage:		Acreage:	
Do you or your employer own or operate a farm, greenhouse, nursery, or timber production establishment in any other State?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which other state(s)?:			
Certification: Have you ever been certified, or are you currently certified, in any other state?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which other state(s)?:			
Do you or your employer provide housing to any employee(s) other than immediate family?			Yes <input type="checkbox"/> No <input type="checkbox"/>

**ATTESTATION (Please Read & Sign Below):**

By signing below, I hereby confirm that I am a producer of an agricultural commodity and that I understand my legal responsibilities for pesticide use in accordance with product labels and for direct supervision of all individuals making pesticide applications under my certification.

**SIGNATURE REQUIRED****Fee: \$10.00****X**

APPLICANT'S SIGNATURE

For training opportunities, contact your local Cooperative Extension or visit our website: [www.ncagr.gov/pesticide](http://www.ncagr.gov/pesticide)